NEW WAYS OF NURSING IN TYPHOID FEVER*

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Those of us who have spent several years in the hospital and have carried out the routine treatment for typhoid fever, consisting of cold sponges, cold tubs, and a rigid diet of milk and albumen, are inclined to fall into the error of thinking that this is the only safe way of treating such patients. Yet the first case of a nurse starting out for herself may be typhoid fever treated in an entirely different manner, and when, as often happens, the patient makes a satisfactory recovery the nurse is obliged to realize—and well for her if this comes early in her career—that there are many ways of accomplishing a desired result, and the last word has not yet been said, perhaps, concerning the treatment of any disease.

Two distinctly different and to us new methods of treatment have come to our notice recently, and I mention them with the hope that if any of our members can add to these they will do so.

The routine carried out in the Johns Hopkins Hospital, with which every graduate of our school is familiar, has changed little in the last few years, except in minor details. The patient is given cold sponges every three hours if the temperature is 102.5° or over; after three or four sponges have been given, tubs are ordered. The temperature of the first tub is always 85° F. If the reaction is good, the temperature of the following tubs remains the same; if not good, the temperature is a few degrees lower, but it is seldom below 80° F. The diet is milk with lime-water alternating with albumen, and the patient is given as much water as he will take. It is given to him in definite quantities every hour, and a great point is made of the necessity of giving large amounts of fluid.

To one who has become accustomed to this method the idea that there is a hot treatment for typhoid fever is little less than startling, but it is a method in use and has been carried out recently in the Garfield Memorial Hospital, Washington. The temperature, pulse, and respiration are taken every four hours. The diet is liquid, but no milk is given. Hot water only is given to drink; no cold water or cold drinks of any kind are allowed. The treatment consists of hot rectal irrigations at a temperature of 110° F. three times during the day. Hot compresses are applied to the abdomen every four hours. Hot tub baths at a tempera-

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ture of 100° increased to 110° F. are given three times during the day, and blankets are left around the patient for one hour after each bath. The results are apparently the same as those obtained by other treatment, and in almost every instance the patients prefer this to cold treatment.

Another method is that used by Dr. Georgiana Sands, of Port Chester, New York: it was originated by her father, Dr. Norton J. Sands, of the same place, and has been used by him for several years. The treatment appears to be simply starvation, and the results seem to justify the rather unique method. To quote Dr. Sands:

"As soon as the diagnosis of typhoid fever is made, the patient is freely purged and all nourishment with the exception of water is entirely withdrawn. Water is usually very acceptable and eagerly taken, but when this is not the case it is urged upon the patient to the amount of two quarts at least in the twenty-four hours. In the third and fourth weeks, as the temperature falls, the quantity is gradually reduced. The duration of the starvation period varies with the severity of the case, the usual time for an adult being three weeks. The indication for the resumption of nourishment is the complete subsidence of fever—so complete that we usually require it to be subnormal for twenty-four hours before allowing food, other symptoms by this time having abated. The method seems, and is, very simple, and it may be summarized in this way:

"1. An initial free catharsis to clear the intestinal tract of as much infection as possible.

"2. A prolonged starvation to eliminate the danger of overtaxing a diseased part as well as to avoid making a culture-tube of the bowel.

"3. An allowance of food after the subsidence of the symptoms, as usually indicated by a temperature continuously subnormal.

"The advantages of the treatment are that the patient has a shorter and less severe illness. There is rarely diarrhœa or tympanites, and there has been no instance of profuse hemorrhage, nor one of perforation. As for the resulting weakness, it is not so great as that following the longer and more severe illness of a patient who is treated in the ordinary manner and given the usual liquid diet."

As it is extremely probable that there are some of our more experienced members to whom one or both of these treatments is not at all new, and others who have had practical experience in still different methods, we hope that they will feel called upon to share their knowledge with others and will remember that discussions of new methods are always interesting.